



# AMERICAN UNIVERSITY OF BEIRUT MEDICAL CENTER

المركز الطبي في الجامعة الأميركية في بيروت

## Department of Psychiatry

### NEUROPSYCHOLOGICAL ASSESSMENT REPORT

**Date of Birth:** [REDACTED] 2008

**Intake date:** 24/10/2024

**Assessment Date:** 30/10/2024

**Reason for Assessment:** L [REDACTED] U [REDACTED] (MRN: [REDACTED] 854) is a 16-year-old boy with a history of inattention and executive function difficulties. He was previously diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD) by Dr. Maalouf in May 2023. His school has referred him for further assessment to gain a deeper understanding of his attention profile and to inform appropriate recommendations for support and intervention.

#### Relevant History

L [REDACTED], born and residing in Lebanon, is a Grade 11 student at the American Community School (ACS) in Beirut, an English-language school. He is currently performing well academically, with noted improvement following the initiation of ADHD medication and the implementation of accommodations. These accommodations include 50% extra time on tests, teacher clarification of assignments, frequent breaks, and permission to stand up during class. Prior to these accommodations, he experienced significant anxiety and had difficulty sleeping on school nights. Since childhood, L [REDACTED] had difficulty maintaining attention for long periods, was easily distracted, and often avoided tasks requiring mental effort. He showed challenges in organizing tasks, did not always listen when spoken to directly, frequently forgot things, and often misplaced his belongings. Additionally, he had difficulty staying seated for extended periods and exhibited hyperactivity, fidgeting, and a tendency to interrupt conversations. L [REDACTED] was notably talkative and would sometimes blurt out answers before questions were fully asked. Since starting Ritalin 10 mg, he has shown significant improvement.

**Psychosocial Aspect:** L [REDACTED] has friends at school and maintains friendships. His emotional regulation has improved since starting medication; previously, he would become easily frustrated or angry. L [REDACTED] enjoys playing basketball and is described as very athletic.

**Sleep and Appetite:** L [REDACTED] reports going to bed around 10:30 PM and waking up at 6:30 AM on school days. He also noted having an adequate appetite.

**Current Substance Use:** L [REDACTED] does not report using tobacco or alcohol.

#### ASSESSMENT:

##### Tools:

- WISC V subtests
- CPT-3
- DKEFS subtests
- Vanderbilt
- MFQ
- Scared

L ■ U ■ ■ ■ ■ ■ , 16 y 2m

**Observation during the assessment:**

L ■ ■ was initially seen for an intake session, followed by a single extended outpatient visit with the patient. As instructed, L ■ ■ had not taken his ADHD medication for 24 hours prior to the exam. His physical appearance was unremarkable, and he actively engaged in the proposed activities. L ■ ■ engaged in simple conversation in English, exhibiting no language alterations; his comprehension was adequate, and he maintained consistent eye contact. Some fidgeting was observed. His mood remained within the expected range and his overall collaboration was adequate, allowing for a comprehensive evaluation of his current functioning. The assessment battery was completed as planned.

**Assessment Results:**

The patient's scores on subtests measuring visual processing speed ranged from borderline to low average. His score on the auditory working memory subtest fell in the low average range. On tasks measuring selective visual attention, his scores ranged from borderline to impaired. During a computerized test of sustained visual attention, L ■ ■'s performance was impaired, with his response pattern indicating significant issues with inattentiveness and vigilance, along with some difficulty in sustaining attention. His inhibition score fell within the average range; however, his score for mental flexibility was in the low average range, and he committed a moderately high number of errors, indicating weaknesses in this cognitive ability. L ■ ■'s **neurocognitive profile is still compatible with an Attention Deficit/ Hyperactivity Disorder (ADHD)** based on the DSM-5 criteria.

**RECOMMENDATIONS:****Referrals**

- It is recommended to continue follow-up with the **referring physician** to keep monitoring and adjusting medication for managing ADHD symptoms
- The patient can benefit **from special education** sessions for executive skills training.

**School Recommendations:**

- L ■ ■ should be seated near his instructor and preferably away from other potential distractions and have the opportunity to work in quiet areas and in small groups.
- Always involve L ■ ■ in the explanations in class.
- L ■ ■ should be encouraged to check his work regularly for errors of inattention and allow him to correct them if needed.
- L ■ ■ should be allowed to stand up and to move in class whenever possible (e.g.: provide stress balls or ask him to help with errands in class).
- It may be helpful to provide him with copies of other students' or the teachers' notes so that he will not be penalized for being unable to simultaneously follow the teacher's explanation and write it down.
- Test him in a quiet environment, with a few other students present, to reduce distractions.
- Provide additional time to take tests (50% additional time).
- Allow him longer breaks than those given during standard test administration.

PersonalAcademic Strategies

- Join or create study groups with classmates who can provide support.
- Engage in active note-taking during lectures. Use techniques like color-coding, highlighting, and summarizing to make notes more engaging and easier to review.
- Sit near the front of the classroom to minimize distractions. Actively participate in discussions and ask questions when needed.
- After attending a lecture, review notes as soon as possible. Consistently reviewing class materials and notes will help reinforce understanding and retention of the content.
- Maintain an organized system for study materials, including folders, binders, and digital files. Use labels and color-coding to categorize materials.
- Create a well-organized and distraction-free study environment, either at home or in a library. Consider using noise-canceling headphones.
- When faced with a large assignment or project, break it down into smaller, manageable tasks. Set specific deadlines for completing each task to avoid feeling overwhelmed. Focus on completing high-priority tasks first based on importance and deadlines.
- Visual aids like charts, graphs, and diagrams can help with understanding and retaining complex information.
- Take short breaks during study sessions to recharge focus and prevent burnout.

Self-Improvement

- Use apps and digital tools designed for organization, time management, and note-taking. Some popular options include Evernote, Trello, and calendar apps.
- Engage in physical activities to help release excess energy and improve overall well-being.
- Maintain a balanced diet with regular meals.
- Prioritize getting enough quality sleep. Establish a consistent sleep schedule, create a calming bedtime routine and avoid stimulants close to bedtime.
- Practice mindfulness techniques or meditation to improve self-awareness and manage stress.
- Maintain a strong support network, including family and friends who can offer emotional support and assistance with daily tasks.
- Stay informed about ADHD and the latest research and strategies for managing its symptoms.



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## APPENDIX

### Wechsler Intelligence Scale for Children, Fifth Edition (WISC-V)

Scale	Score	Percentile	Range
Digit Span	7	16	Low average
Coding	7	16	Low average
Symbol Search	5	5	Borderline

Note: Scaled scores have a mean of 10 and a standard deviation of 3.

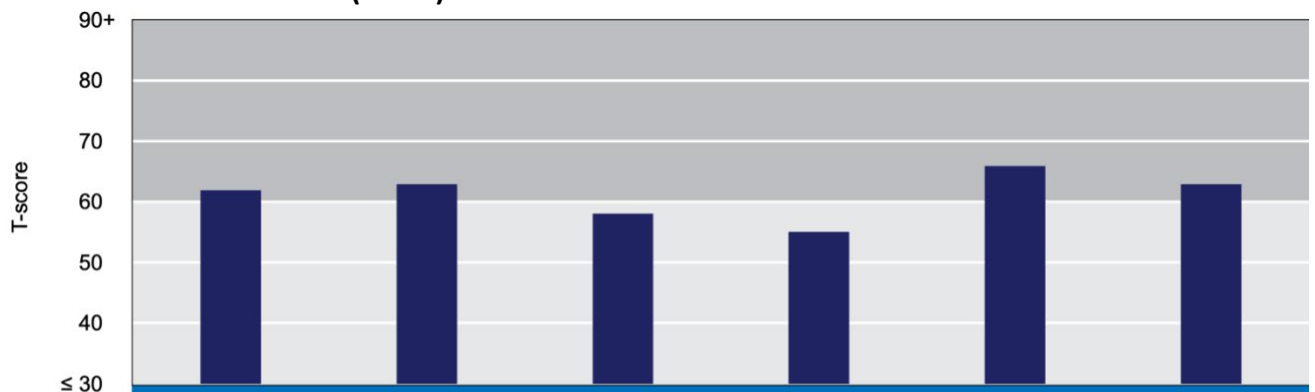
### Delis-Kaplan Executive Function System (DKEFS)

#### Scale

Trail Making Test	Score	Percentile	Range	Relevant observation
Visual Scanning	1	0.1	Impaired	
Number Sequencing	4	2	Borderline	
Letter Sequencing	1	0.1	Impaired	
Number-Letter Switching	6	9	Low average	
Motor Speed	11	63	Average	

Color-Word Interference Test	Score	Percentile	Range	Relevant observation
Color Naming	7	16	Low average	
Word Reading	11	63	Average	
Inhibition	8	25	Average	Nbr of errors SS: Average
Inhibition/Switching	6	9	Low average	Nbr of errors SS: Low average

### Continuous Performance Test (CPT-3)



	Detectability (d')	Omissions	Commissions	HRT	HRT SD	Variability
T-score	62	63	58	55	66	63
Guideline	Elevated	Elevated	High Average	A Little Slow	Elevated	Elevated

**Mood and Feelings Questionnaire (MFQ)**

Scale	Score	Relevant Observations
Total score	1	Non-Significant

**Screen for Child Anxiety Related Disorders (SCARED)**

Scale	Score	Relevant Observations
Anxiety	7	Non-Significant

**Vanderbilt Questionnaire**

Scale	Score	Relevant Observations
<b>Father</b>		
Inattention Symptoms (out of 9)	0	Non-Significant
Hyperactivity-Impulsivity Symptoms (out of 9)	0	Non-Significant
Oppositional- defiant disorder (out of 8)	0	Non-Significant
Conduct Disorder (out of 14)	0	Non-Significant
Anxiety and depression (out of 7)	0	Non-Significant